

Medical Homes 6/22/2011

Present: **Tanya Ask**, New West; **Dr. Paul Cook**, Rocky Mountain Health Network; **Janice Gomersall**, American Academy of Family Physicians; **Bob Shepherd**, New West; **Myrna Seno**, Mountain Pacific Quality Health Foundation; **John Hoffland**, DPHHS; **Nancy Wikle**, DPHHS; **Russ Hill**, DPHHS; **Paula Block**, Montana Primary Care Association; **Fred Olson**, BCBS of MT; **Tom Roberts**, Western Montana Clinic; **Christine Kaufmann**, CSI

On the Phone: **Kathy Steen**, TransforMED; **Rob Stenger**, St. Patrick's; **Cindy Stergar**, Butte Community Health Center. **Lander Cooney**, Community Health Partners; **Jerry Speer**, Benefis Health Care; **Douglas Carr**, Billings Clinic

Recognition:

The group jumped into discussion about the use of NCQA standards for recognition and the pros and cons of 2008 and 2011. Members reviewed the history which suggests that the group has always believed that 2008 level one standards were not enough, and that we needed addition emphasis on access, family-centeredness, patient satisfaction, comprehensiveness, continuity, and cultural effectiveness. When the 2011 standards came out, members believed they better dealt with these concerns and could be adopted without add on criteria.

Kathy Steen of TransforMED explained that although practices can still enter at 2008 level 1 (until the end of 2011), that can only occur if they are in process right now. For those who achieve level 1, they cannot just park there for 3 years. This is a path, not a rest stop. They must be moving toward 2011 of increased 2008 levels within the first year or they will be de-recognized. She cautioned against practices who looks at NCQA as a check list instead of an opportunity to improve quality and outcomes.

There was discussion of the importance of recognizing the 2008 level one, allowing time for transition, but always supporting movement toward quality. Members seemed to agree that this process would need continual monitoring even after this set-up phase

Members expressed concerns about anti-trust laws and the inability of any payer to agree on any rates with other payers. Christine noted that she had posted an article about these anti-trust issues and was asked CSI attorneys to address the issue as other states were. Medicaid reminded the group that Michael Bailit had addressed these issues and the reason the commission was asked to be involved was, in part, to help deal with anti-trust issues.

Commissioner Lindeen's recommendation was discussed. *Montana will use standards accepted by NCQA PCMH to recognize a primary care clinic as eligible for the pilot project or to receive enhanced reimbursement as a medical home. To encourage progression toward higher standards, a pilot site will be eligible for a tiered enhanced reimbursement rate based on the level of recognition achieved. NCQA PCMH 2008 Level 1 practices may remain a pilot site, but will not be guaranteed enhanced reimbursement after January 1, 2013.*

The group recommended that the transition requirements be set at January 1, 2013, and the enhanced reimbursement be referenced in a less definite manner given the anti-trust concerns. Those present and on the phone accepted that there was general agreement on these changes to the Commissioner's recommendation.

(Following the meeting Commissioner Lindeen revised her recommendation to incorporate the group's wishes, and asked for a one week comment period on the statement:

Montana will use standards accepted by NCQA PCMH to recognize a primary care clinic as eligible for the pilot project as a medical home and potentially to receive enhanced reimbursement. Pilot sites will commit to moving along the NCQA tiered recognition process. Those recognized as Level 1 under NCQA PCMH 2008 standards must reach 2008--Level 2 or higher, or 2011-- Level 1 or higher by January 1, 2013. Once anti-trust issues are resolved, progression may be encouraged by enhanced reimbursement rates based on the level of recognition achieved.)

Performance Standards:

Members discussed the list drafted by Dr. Shepherd and offered opinions on items that should be added or taken away. Items discussed access expansion, gaps in care, avoidable hospital admissions, and recording BMI as both a measure and an outcome. Dr. Shepherd agreed to update the draft and attach another page that identified the clinical data elements that providers would need to upload into the system. He agreed to send it out to the list again with a deadline for additional comments.

There was discussion about the limitations of EMRs in reporting and the need for a system like DocSite to provide the reports.

Other:

The group asked Christine to pull together the data that had been provided by members about primary care providers, and thought it was a good use of time to try to get an accurate count of primary care doctors active, and how many have an EMR. There was a suggestion that HealthShare Montana would want to collect that data. The group acknowledged this was not an easy task because the definition of primary care providers varies. There was general agreement that the term should include mid-level providers, not just physicians.

The group decided to hold regular meetings every other Wednesday at 1:00 pm and that some of them would be in person and some by phone or other electronic means. The next meeting, however, will be Friday, July 8th and consist of a webinar by HealthShare Montana to a broader provider group.